| **REPUBLIC OF MAURITIUS****Department of Civil Aviation** |
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| Prospective CAMO Pre-Assessment Statement |
| To be completed by an applicant for an Continuing Airworthiness Management Organization (CAMO) |
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| **Section 1. ORGANIZATION DETAILS** |
| 1. Company registered name And trading name if different |  |
| 2. Address of the PPBPrincipal Place of Business, including phone, fax and email |  |
| 3. Proposed start-up date |  |
| 4. Type of operation |  |
| 5. Management and key staff personnel |
| Name | Title | Phone | Email |
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| 6. Proposals for maintenance | As found on DCA Form 2 Application for MCAR Part CAMO |
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| **Section 2. STATEMENT** |
| The signature and the information contained in this form denote an intent to apply for an AMO approval |
| Signature |  |
| Date |  |
| Name and title |  |
|  |
| **Section 3. DCA MAURITIUS** |
| Received by |  |
| Date received |  |
| Our reference |  |
| Remarks, if any |  |